U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

400 BIN		
1. File Number U - 3/22	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Gerard J De Wolf	Name New York State United Teachers	
	Labor Organization File Number 070-581	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 800 Troy-Schenectady Road	Street 800 Troy-Schenectady Road	
City Latham	City Latham	
State   New York   ZIP Code + 4   12110-2455	State New York ZIP Code + 4 12110-2455	
5. Position in labor organization.   Counsel to the President		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name	derived income or other economic benefit of on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organizati  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization of the second	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization of the control	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the	
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the	

ame of Person Filing Gerard De Wolf		File Number U- 3/22.		
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Environmental Services, Inc.	a. Labor Organization			
Trade Name, if any:	b. Trust c. Employer			
P.O. Box, Bldg., Room No., if any Street 141 Broadway				
City Rensselaer				
State New York ZIP Code + 4 12144				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.		
Name	Custodian/cleaning services vendor for labor organization's headquarters facility.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing. unknown			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Invited to play in golf outing for charity.			
	12.b. Amount.	(Est) \$175		
C. Received from any employer (other than an employer covered unde				
or from any labor relations consultant to an employer any payment of money	<u> </u>			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

	Name of Person Filing	Gerard	De	Wolf
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Name of Entity Extending Invitation Unknown	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Unknown. See, Question/Answer #8.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. unknown	
	12.a. Nature of interest held or income received.	
	Invited to play in golf outing for charity.	
	12.b. Amount. (Est) \$300	